

**HUMAN SERVICES DEPARTMENT[441]****Adopted and Filed Emergency After Notice**

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services amends Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” Iowa Administrative Code.

This amendment eliminates the requirement for maternity patients and children receiving home health agency services to be assigned a Department service worker. The amendment allows home health agency services to be available based on identified medical needs. The agency’s treatment plan will continue to be reviewed and approved by the member’s physician.

In 2004, the Department redesigned its child welfare services to focus on children whose safety, well-being, and permanency are most at risk. Families whose assessments indicate that abuse is unfounded but who have identified service needs have the opportunity to access community services. These families do not have a continuing child welfare case through the Department. If the Department does not have an open case, a service worker is not available to participate in planning for home health services.

The Assuring Better Child Health and Development Initiative, a clinical panel that reviewed service access for children from birth through three years of age, has recommended this change. The General Assembly in 2007 Iowa Acts, chapter 218, section 11(14), instructed the Department to implement the recommendations of this panel.

This amendment does not provide for waivers in specified situations because it removes a restriction on the persons affected. Requests for the waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

Notice of Intended Action on this amendment was published in the Iowa Administrative Bulletin on July 2, 2008, as **ARC 6873B**. The Department received no comments on the Notice of Intended Action. This amendment is identical to that published under Notice of Intended Action.

The Council on Human Services adopted this amendment on August 13, 2008.

The Department finds that this amendment confers a benefit on families that do not have an ongoing child welfare case by allowing them access to needed health services that were previously restricted. Therefore, this amendment is filed pursuant to Iowa Code section 17A.5(2)“b”(2), and the normal effective date of this amendment is waived.

This amendment is intended to implement Iowa Code section 249A.4.

This amendment will become effective October 1, 2008.

The following amendment is adopted.

Amend subrule 78.9(9) as follows:

**78.9(9)** *Home health agency care for maternity patients and children.* The intent of home health agency services for maternity patients and children shall be to provide services when the ~~recipients~~ members are unable to receive the care outside of their home and require home health care due to a high-risk factor. Routine prenatal, postpartum, or child health care is a covered service in a physician’s office or clinic and, therefore, is not covered by Medicaid when provided by a home health agency.

a. Treatment plans for maternity patients and children shall identify:

(1) ~~the~~ The potential risk factors,

(2) ~~the~~ The medical factor or symptom which verifies the child is at risk,

(3) ~~the~~ The reason the ~~recipient~~ member is unable to obtain care outside of the home, and

(4) ~~the~~ The medically related task of the home health agency. ~~If the home health agency is assisting the family to cope with socioeconomic and medical problems, the plan of care shall indicate the involvement of the department’s county office and document that the department and the home health agency have agreed that services are in the best interest of the child and are needed to supplement the intervention of the department social worker.~~

(5) ~~The plan of treatment shall document along with the high-risk factors, the~~ the member’s diagnosis,

- ~~(6) specific~~ Specific services and goals, and
- ~~(7) the~~ The medical necessity for the services to be rendered. A single high-risk factor does not provide sufficient documentation of the need for services.
- ~~a. b.~~ The following list of potential high-risk factors may indicate a need for home health services to prenatal maternity patients:
- (1) to (8) No change.
- ~~b. c.~~ The following list of potential high-risk factors may indicate a need for home health services to postpartum maternity patients:
- (1) to (12) No change.
- ~~c. d.~~ The following list of potential high-risk factors may indicate a need for home health services to infants:
- (1) to (10) No change.
- ~~d. e.~~ The following list of potential high-risk factors may indicate a need for home health services to preschool or school-age children:
- (1) to (9) No change.

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